

# **APPLICATION FOR LICENSE**

## **WIRE ROPE INSPECTOR**



Department of Professional and Financial Regulation  
Office of Licensing and Registration

### **BOARD OF ELEVATOR AND TRAMWAY SAFETY**

35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207)624-8629  
Hearing Impaired: 1-888-577-6690  
Website: [www.MaineProfessionalReg.org](http://www.MaineProfessionalReg.org)

Office located at: 122 Northern Avenue, Gardiner, Maine

# **APPLICATION INSTRUCTIONS**

## **Wire Rope Inspector**

**COMPLETING THE APPLICATION FORM** – Answer all questions and return the following to this office:

- License application and payment for \$140.00 (Make Checks Payable to: Treasurer State of Maine)
  - \$100.00 License Fee
  - \$25.00 Application Fee
  - \$15.00 Criminal Background Check Fee

Incomplete applications will be returned.

### **ELIGIBILITY REQUIREMENTS**

An applicant must have five (5) years experience in wire rope manufacture, installation, maintenance and/or inspection.

**CRIMINAL BACKGROUND CHECK** - Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

# WIRE ROPE INSPECTOR LICENSE APPLICATION

Date

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL  
REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
**BOARD OF ELEVATOR & TRAMWAY SAFETY**  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333  
TEL: (207)624-8672 FAX: (207)624-8636  
HEARING IMPAIRED: 1-888-577-6690

Office Use Only

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

License #: \_\_\_\_\_

Issued: \_\_\_\_\_

Expires: \_\_\_\_\_

CN #: \_\_\_\_\_

4530-1435 \$100.00

4530-1446 \$25.00

4530-2619 \$15.00

LICENSE FEE: \$100.00  
APPLICATION FEE: \$ 25.00  
CRIMINAL BACKGROUND CHECK FEE: \$ 15.00  
TOTAL DUE: \$140.00

## PAYMENT OPTIONS:

☐

Check or Money Order Payable to "Treasurer State of Maine".

☐

Credit Card: MasterCard or VISA Only. Complete the following:

I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
in the amount of \$\_\_\_\_\_. Signature\_\_\_\_\_

## NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS.

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

**SOCIAL SECURITY NUMBER.** The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

## NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.

Name of applicant: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: ☐ Male ☐ Female

Any other name used: \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? ☐Yes ☐No  
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

PRESENT OR LAST EMPLOYER: \_\_\_\_\_  
COMPLETE ADDRESS: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM: MO/YR \_\_\_\_\_ TO: MO/YR \_\_\_\_\_  
TOTAL HOURS PER WEEK: \_\_\_\_\_ TOTAL HOURS PER YEAR: \_\_\_\_\_  
YOUR TITLE: \_\_\_\_\_  
DETAIL OF WORK PERFORMED: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
COMPLETE ADDRESS: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM: MO/YR \_\_\_\_\_ TO: MO/YR \_\_\_\_\_  
TOTAL HOURS PER WEEK: \_\_\_\_\_ TOTAL HOURS PER YEAR: \_\_\_\_\_  
YOUR TITLE: \_\_\_\_\_  
DETAIL OF WORK PERFORMED: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
COMPLETE ADDRESS: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM: MO/YR \_\_\_\_\_ TO: MO/YR \_\_\_\_\_  
TOTAL HOURS PER WEEK: \_\_\_\_\_ TOTAL HOURS PER YEAR: \_\_\_\_\_  
YOUR TITLE: \_\_\_\_\_  
DETAIL OF WORK PERFORMED: \_\_\_\_\_

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that any person who procures an inspector's license by fraud is guilty of a misdemeanor and may be punished by a fine, imprisonment, or both.  
**This application must be signed in order to be processed.**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Applicant)